

**CITY OF LONG BEACH  
ANIMAL CONTROL DIVISION  
DOG LICENSE APPLICATION**

**PLEASE PRINT**

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

TELEPHONE NUMBER ( \_\_\_\_ ) \_\_\_\_\_

**ANIMAL INFORMATION:**

NEW LICENSE \_\_\_\_\_ RENEWAL LICENSE NUMBER: \_\_\_\_\_

NAME \_\_\_\_\_ BREED \_\_\_\_\_ SEX \_\_\_\_\_

COLOR \_\_\_\_\_ AGE \_\_\_\_\_

SPAYED/NEUTERED: YES \_\_\_\_\_ NO \_\_\_\_\_

**CERTIFICATE (COPY) MUST BE ATTACHED**

**PROOF OF A VALID RABIES CERTIFICATE (COPY) MUST BE ATTACHED. THE  
EXPIRATION DATE OF THE LICENSE MAY NOT EXCEED THE EXPIRATION DATE OF  
THE RABIES VACCINATION.**

**FOR ADDITIONAL LICENSING INFORMATION CALL (562) 570- 7387**

Mail To:  
Animal Control Division  
7700 E. Spring Street  
Long Beach, CA 90815